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Country programme outline for Cuba

Proposed UNFPA assistance:	$4 million: $2 million from regular resources and $2 million through co-financing modalities and/or other, including regular, resources
Programme period:	Four years (2004-2007)
Cycle of assistance:	Sixth
Category per decision 2000/19:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.4	1.9	3.3
Population and development strategies	0.4	0.1	0.5
Programme coordination and assistance	0.2	-	0.2
Total	2.0	2.0	4.0

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I. Situation analysis

1. Since 1990, Cuba has faced serious economic constraints. This has resulted from the disruption of trade relations with its former trading partners in Eastern Europe, the United States economic embargo and Cuba's exclusion from international financial markets. From 1989 to 1993, per capita gross domestic product (GDP) fell by 35 per cent. A period of slow recovery followed, but GDP remains lower than in 1990. Within the health sector, the lack of financial resources has led to a shortage of medicines and equipment, affecting hospitals and other health centres.

2. Cuba, with a total population estimated at 11.23 million in 2001, has reached an advanced stage of demographic transition. Its population growth rate of 0.23 per cent per year is one of the lowest in the region. Due to remarkable reductions in fertility and mortality, population ageing has become a prominent demographic feature. Currently, the population over the age of 60 represents 14 per cent of the total population. By 2015, one in five Cubans will be over 60, and this proportion will grow to one in four by 2025. Ageing is therefore an emerging phenomenon whose social implications and impact require attention. Several other Latin American and Caribbean countries will face an ageing population pattern in the future. In this context, Cuba provides an opportunity to develop strategies and programmes for South-South cooperation.

3. During 1998-2000, life expectancy at birth was 76.15 years (74.20 years for males and 78.23 years for females). In 2001, the gross reproduction rate reached 0.78 daughters per woman; the infant mortality rate was 6.2 per 1,000 live births; and the maternal mortality ratio was 33.9 per 100,000 live births. These indicators are among the lowest in the Latin American and Caribbean region. In 2001, abortion and menstrual regulation rates among women aged 12 to 49 were 20.6 and 38.7 per 1,000, respectively. The abortion rate has decreased since 1996, when the rate was 27 per 1,000. Improving the mix of contraceptive options that are readily available through the health care system could further lower this rate. The contraceptive prevalence rate in 2000 was 70 per cent. Intrauterine devices (IUDs) are the most utilized method (60 per cent), followed by permanent methods (15 per cent), condoms (10 per cent), oral contraceptives (9 per cent) and injectables (4 per cent).

4. The incidence of HIV/AIDS has increased over the last decade, although rates are still low. The incidence rate in the population aged 15 to 34 increased from 9.5 per 100,000 in 2000 to 12.1 in 2001. High rates in neighbouring countries and expanded tourism are risk factors associated with HIV/AIDS in Cuba. Strong prevention programmes, including condom promotion, are therefore required. Prevailing cultural patterns, which often determine gender-differentiated perceptions of sexuality and parenthood, represent challenges to achieving further progress in gender equity, sexual and reproductive rights, and prevention of sexually transmitted infections (STIs) and HIV/AIDS.

5. International sources of assistance to Cuba are limited. United Nations assistance, particularly that of UNFPA, is appreciated and well utilized. Advances in the implementation of the Programme of Action of the International Conference on Population and Development could well be reversed if financial constraints continue to threaten a steady supply of commodities and equipment.

II. Past cooperation and lessons learned

6. Since 1974, UNFPA has implemented five country programmes in Cuba. Assistance has focused on reproductive health services, including education and information, to promote safe and healthy sexuality and responsible parenting. Support for sexual and reproductive rights, by increasing contraceptive options and reducing unwanted pregnancies and abortion, has been a key element of UNFPA-supported programmes. Past assistance has included funding for the construction

of an oral contraceptives plant to improve the availability of supplies and ensure commodity security. The plant became operational in 1998 and is currently meeting one third of estimated potential demand. Production could increase threefold in the coming years in order to meet growing demand.

7. The Executive Board approved the fifth country programme (1997-2001) in the amount of $4.5 million, entirely from regular resources. The programme was later extended to 2003, with no additional funding. During this extension, Belgium funded a multi-bilateral project in the amount of $327,324. Cuba also benefited from a grant for contraceptive commodities in the amount of $1.3 million from the United Kingdom and the Netherlands. These contributions mitigated the negative effects of the reduction of UNFPA funding during the period 1999-2000, which had affected programme execution.

8. The fifth country programme aimed to improve reproductive health by expanding the quality and availability of contraceptives and by instituting sex education for adolescents and youth in the formal educational system. The programme was concentrated in five eastern provinces and developed model interventions for replication nationwide. Strong commitment to the programme, combined with the successful development of curricula, methodologies and teaching aids, led to a rapid expansion of these interventions throughout the country.

9. This programme demonstrated that strategic support, even within financial constraints, could produce significant results by building and consolidating existing capacity and generating synergy through community and institutional cooperation. In spite of the advances achieved, important issues remain: some cultural patterns are slow to change; male participation in reproductive health and STI/HIV prevention is still low; and gender violence is increasingly perceived as a problem.

10. A number of lessons were learned during the implementation of previous UNFPA-assisted programmes. In the sex education programme, sustained cooperation among parents, the community and the health sector was pivotal in consolidating the country's sex education policy. Key elements were successful training and greater collaboration between the health and education sectors. The effectiveness of the programme is reflected in a reduction of early pregnancies, a decrease in school dropouts due to early pregnancy, a delay in the start of sexual relations and an increase in the adoption of HIV/AIDS prevention practices. The programme also contributed to an increase in parent-child communication and in parents' dialogue on sexuality issues.

11. Although the evaluation of the sex education programme noted its positive effect on gender stereotyping, much remains to be done. Additional efforts involving the community and mass media are necessary to increase male participation in reproductive health programmes.

12. A steady supply of contraceptives and a wide range of contraceptive options are central to ensuring reproductive health and rights. Efforts to meet the national demand for contraceptives through steady production at the national plant and through supplies received from multi-bilateral assistance should be a priority.

13. In spite of a reduction in the abortion rate among adolescents, more needs to be done. Further counselling and awareness-creation efforts for couples who do not regularly use contraceptives are necessary.

14. UNFPA cooperation with Cuba has demonstrated that assistance to category C countries brings potentially high returns, both in terms of building national capacity and in developing models and best practices to benefit other countries in the region.

15. Some indicators for programme monitoring were designed without due consideration to data availability. To improve evaluation and to better

quantify results, the new programme will use verifiable indicators closely related to programme objectives.

16. UNFPA assistance has focused primarily on sexual and reproductive health care and education, with limited attention to other population and development issues. The availability of recent population census data, however, provides opportunities for new analyses on gender, ageing and internal migration. Such analyses could contribute to the following: policy development and programme interventions in these areas; clarification of the interlinkages with reproductive health; and strengthening the analytical capacities of national institutions.

III. Proposed programme

17. This will be the sixth country programme for Cuba. The programme cycle will be harmonized with UNDP in 2008. The programme was prepared in close consultation with government institutions, national experts and various stakeholders and is aligned with national priorities and policies. It will contribute to the goal of improving the quality of life of the Cuban population, as reflected in the completed common country assessment and the United Nations Development Assistance Framework (UNDAF), currently under preparation.

18. The programme will support the continued exercise of sexual and reproductive rights and improve the effectiveness of national and local policies related to sexual and reproductive health, gender equity, and population and development. Two subprogrammes will be developed: reproductive health, and population and development strategies.

19. The general strategy of the programme is to sustain advances achieved and to make further progress by basing the programme on key institutional structures in order to improve programme efficacy, quality and sustainability. This will be pursued through: (a) enhanced coordination and synergy among institutions involved in the primary health care system, including family doctors, the national education system and community organizations; (b) increased national self-reliance in the supply of oral contraceptives; and (c) strengthened national capacity in research and analysis to better orient population, gender and reproductive health policies and programme interventions within specific cultural contexts. Joint initiatives will promote increased self-care and HIV/AIDS prevention; reduce erroneous perceptions regarding unprotected sex; increase the participation of men in reproductive health programmes; and reduce gender violence and gender stereotyping.

20. The outcomes will contribute to: (a) consolidating and strengthening – through services, education and media promotion – sexual and reproductive rights and gender equity, emphasizing cultural changes regarding gender stereotypes; and (b) promoting greater reliance on nationally produced oral contraceptives and a balanced mix of contraceptive choices, thereby reducing the incidence of abortion; and (c) consolidating a critical mass of professionals to support national population and development strategies, with a resultant impact on programme sustainability and quality of life.

Reproductive health subprogramme

21. The reproductive health subprogramme will contribute to: reducing the maternal mortality ratio; reducing the need to interrupt unwanted pregnancies; improving adolescent capacity for preventive behaviour regarding STIs, HIV and unwanted pregnancies; improving contraceptive availability; decreasing risky sexual and reproductive behaviour; and decreasing gender violence.

22. Four outputs are expected, all of which are related to the outcome of consolidating and strengthening sexual and reproductive rights and gender equity: (a) improved quality of sexual and reproductive health services with a gender perspective; (b) a sexual and reproductive health approach with a gender perspective integrated into the national health-care system; (c) strengthened

sexual and reproductive health education with a gender perspective in the national educational system and the community; and (d) increased promotion by the media of responsible and healthy sexual and reproductive behaviour.

Population and development strategies subprogramme

23. The population and development strategies subprogramme will analyse newly acquired census data and will aim to increase understanding of the gender dimensions of ageing and migration, in order to better incorporate these issues into public policy and to ensure a gender perspective in all socio-economic spheres.

24. Two outputs are expected under this subprogramme, both of which are linked to the outcome of consolidating a critical mass of professionals to support national population and development strategies: (a) strengthened institutions and professionals able to contribute to the integration of population issues into public policies and programmes as well as into educational and media activities; and (b) enhanced capacity for research and teaching in the fields of reproductive health, gender, and population and development.

25. The proposed programme will complement the activities supported by other United Nations partners, particularly the United Nations Children's Fund, UNDP, the Pan American Health Organization and the Joint United Nations Programme on HIV/AIDS. It will promote partnerships and co-financing.

IV. Programme management, monitoring and evaluation

26. The proposed programme will employ the national execution modality. Direct payments will be utilized to facilitate technical and financial project monitoring. Programme implementation will be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The responsibility for overall monitoring and evaluation of the programme will rest with the UNFPA country office, in close cooperation with national counterparts. A country programme evaluation will be conducted in the first semester of 2006.

27. The UNFPA office in Cuba includes an Assistant Representative, an administrative and finance assistant, and a secretary. The United Nations Resident Coordinator serves as the UNFPA Representative. The UNFPA Country Director, based in Mexico City, oversees programme delivery and provides technical and managerial backstopping. The UNFPA Country Technical Services Team in Mexico City provides technical support.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR CUBA

Goal of joint cooperation in the United Nations system: To improve the quality of life of the Cuban population (UNDAF not yet completed

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to improving the quality of life of the Cuban population by supporting the continued exercise of sexual and reproductive rights and by improving the effectiveness of national and local policies related to sexual and reproductive health, gender equity, and population and development	*[Reproductive health subprogramme]* 1. To have contributed to consolidating and strengthening – through services, education and media promotion – sexual and reproductive rights and gender equity, emphasizing cultural changes regarding gender stereotypes 2. To have contributed to promoting greater reliance on nationally produced oral contraceptives and a balanced mix of contraceptive choices, thereby reducing the incidence of abortion	• Maternal mortality ratio reduced from 33.9 to 28.9 per 100,000 live births • Abortion rate reduced from 21.2 to 18.0 per 1,000 women aged 12-49 • Menstrual regulation (vacuum) reduced from 38.7 to 30 per 1,000 women aged 12-49 • Menstrual regulation (vacuum) reduced from 38 to 30 among women aged 15-19 • Abortion rates in adolescents aged 15-19 reduced from 33 to 28 • Adolescent fertility rate reduced from 50.3 to 42.0 per 1,000 women aged 15-19 • Increased use of modern contraceptive methods from 72% to 78% • Contraceptive use pattern altered through promotion of hormonal contraceptives instead of IUDs • Increased condom use from 10% to 15% among the population aged 15-49 • Increased use of hormonal contraceptives from 4% to 10% • Reduced use of traditional methods from 2.8% to 1% • Number of school dropouts due to early marriage and pregnancies among adolescents reduced from 0.05% to 0.04%	**Output 1: Improved quality of sexual and reproductive health services with a gender perspective** Output indicators: • Increase by 10% the number of women receiving counselling on unwanted pregnancies at specialized family planning service centres • Male participation in at least 10% of family planning counselling and consulting services • Reduce STI incidence by 5% for both males and females • Zero increase in rates of HIV/AIDS incidence in the population aged 15-39 • Increase in the quantity and quality of studies on sexual and reproductive health **Output 2: A sexual and reproductive health approach with a gender perspective integrated into the national health-care system** Output indicators: • 20% increase in number of physicians and primary health-care personnel in selected geographical areas trained in reproductive and sexual health issues with a gender perspective • Increase in the quantity and quality of available educational literature on reproductive and sexual health issues intended for health-care professionals and personnel **Output 3: Strengthened sexual and reproductive health education with a gender perspective in the national educational system and in the community** Output indicators: • Education on sexual and reproductive health with a gender perspective strengthened in the curriculum of the national educational system • Increased number of community-based groups with the capacity to advocate key issues related to sexual and reproductive health issues with a gender perspective • Increase in the quantity and quality of educational literature and other materials on reproductive and sexual health issues available to professionals and personnel of the educational system as well as to the community, students and parents • Increase by 10% teachers trained in sex education and increase by 5% parents trained in sex education • Increase of 10% in the number of students who participate in sex education activities	**Total for the reproductive health subprogramme:** $3.3 million ($1.4 million from regular resources and $1.9 million from other resources)

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			Output 4: Increased promotion by the media of responsible and healthy sexual and reproductive behaviour Output indicator: • Increased number of messages targeting adolescents, youth and women disseminated by television, radio, newspapers, specialized magazines and by other means that focus on sexual and reproductive health behaviour in the framework of gender equity	
	[Population and development strategies subprogramme] 3. To have contributed to consolidating a critical mass of professionals to support national population and development strategies, with a resultant impact on programme sustainability and quality of life	• Increased incorporation of population and development issues in the national agenda • Greater level of knowledge among policy makers of the dynamics of internal migration and its economic impact • Greater level of knowledge of population ageing issues by policy makers • Primary and secondary school net enrolment ratio female/male maintained above 100 • Increase in the number of gender-sensitive indicators available to address gender issues in all socio-economic spheres	**Output 1: Strengthened institutions and professionals able to contribute to the integration of population issues into public policies and programmes as well as into educational and media activities** Output indicators: • Increased number of population-related, gender-sensitive messages disseminated by television, radio, newspapers, specialized magazines and other means • Increased number of government officials who have attended learning programmes on population and development issues • Increased number of professionals and researchers in population and development fields trained in gender issues **Output 2: Enhanced capacity for research and teaching in the fields of reproductive health, gender, and population and development** Output indicators: • Increase in the quantity and quality of research studies available on population and development issues • Increase in learning opportunities on population and development for professionals and technicians • Increase in the number of professionals involved in population and development issues	**Total for the population and development strategies subprogramme**: $0.5 million ($0.4 million from regular resources and $0.1 million from other resources) **Total for programme coordination and assistance**: $0.2 million from regular resources